

are not to be recommended, as they are liable to produce dangerous inflammation of the epiglottis and adjoining parts, as has, in fact, already occurred. The little staff of Voltolini, which is, of course, harmless, would answer the purpose for which it was intended much better, as mentioned by Schrötter, if it were larger, thereby preventing the rolling in about it of the sides of the epiglottis, which is more likely to occur the smaller the instrument employed. But all these contrivances are unnecessary, for, as Störk has recently said,* the instruments which we use for operating in the larynx have usually the same curve as the catheter; hence a second instrument is not necessary, the operating instrument itself holding up the epiglottis.

In closing these remarks, I will call your attention to the oil pictures on the wall opposite, both executed by Dr. Heitzman, of Vienna, who has had much experience in work of this kind in the clinics of Türck and Schrötter. The first represents a section of the skull, throat and wind-pipe, when in position for laryngoscopy; the second represents the laryngeal image, as seen in the mirror, the epiglottis being above, and the arytenoid cartilages below, and the other parts in corresponding places. I call your attention to the color of the different parts in health, first accurately described, according to Mandl, by Störk; the laryngeal surface of the epiglottis (which is sometimes traversed by vessels), the cricoid cartilage (seen below the anterior angle of the vocal cords), and the rings of the trachea have the color of the mucous membrane of the eye (or, as it is sometimes described, of boiled salmon), and the arytenoids, the ary-epiglottidean folds and the ventricular bands the color of the gums (the ary-epiglottidean folds often lighter, however). The vocal cords are pearly-white in health. The mucous membrane between the rings of the trachea, more or less of which are usually seen, is of a pale red color.

(To be continued.)

PENITIS.—(*Le Mouvement Médical*, Aug. 31, 1872).—M. Demarquay has recently communicated to the Société de Chirurgie a case, interesting from its rarity, of suppuration of the *corpora cavernosa*. The patient was a man of enfeebled constitution, æt. 38 years, who had had four different attacks of blenorragia in the course of the previous seven years. He was admitted to the hospital April 17, 1872. Several weeks prior to his entry, he had had an attack of retention of urine, at which time he had first noticed a small swelling in the perineum, just anterior to the bulb. This swelling was found to fluctuate and was therefore laid open by M. Demarquay, but as the entire tissue posterior to the bulb was thoroughly infiltrated with pus, it was concluded that the abscess had its origin in the mucous follicles known as Cowper's glands. By the first of June, the integument of the penis had become red, tense and painful, the pain being most marked along the lower portion of the organ. On the 5th of June, the organ had attained an enormous volume, being, apparently, in a state of priapism. Death took place on the 10th. At the *post mortem*, the entire central portion of the *corpora cavernosa* was found to be the seat of one large abscess, which had destroyed the septum, extending to the submucous layers of the urethra.

* Volkmann's "Sammlung Klinischer Vorträge," No. 36, p. 269, 1872.

phragm. The only new point of any importance which we find in this monograph is concerning the nature of the fibres. It is universally held that the striated fibres gradually diminish in number from above downward, and that organic muscular fibres take their place; but Gillette states that in the upper part of the œsophagus there are only striped fibres, only unstriped ones in the middle, and both in the lower, though the organic are in excess.

A thorough investigation of the subject will be necessary to establish these views in the place of Klein's admirable article in Stricker's Handbook.

Schagdenhauffen publishes an article in the same journal (Sept. and Oct., 1872) on the mechanical principles involved in certain motions of flexion and extension of the forearm.

(To be continued.)

A CASE OF CHLOROFORM POISONING. RECOVERY.—(*Deutsches Archiv f. Klin. Med.*, 10 Band, 3 heft, 1872).—A laborer, desiring to have a deep-seated abscess laid open, was directed to purchase an ounce of chloroform on his way home. One hour afterward, the surgeon repaired to the patient's residence and found that the chloroform had all been swallowed. When questioned, the man said that the dose had burned his tongue a little, but that he now experienced no ill effects except a desire to sleep. An emetic was at once ordered, to be followed by large draughts of milk. After a short absence, the surgeon returned and found the patient plunged in deep sleep. There was a complete loss of sensibility, and no response to any stimulus applied to the muscles, so that there was no difficulty in laying open the abscess. Respiration was now quiet and regular, the pulse full, slow and regular; the atmosphere was loaded with the fumes of chloroform. Vomiting had not yet taken place. There seemed now to be danger that the chloroform would produce some injury to the mucous membrane of the stomach, more especially since, on account of the original trouble, no food had been partaken of for several days. The patient now lay plunged in deep sleep for the next eight hours; signs of returning consciousness were then noticed, although two more elapsed before he became fully aroused. Violent vomiting now set in, and large quantities of a watery fluid were brought up, having a very decided odor of chloroform. After the vomiting ceased, he expressed himself as feeling quite as well as ever. The man had been addicted to the use of alcohol, which may, perhaps, account for the extraordinary circumstance that chloroform, which acts so readily upon the external surface of the body, produced in this case no appreciable ill effects upon the lining membrane of the stomach. It would appear from the above experiment that chloroform, when introduced into the stomach, acts more slowly, but in the end more powerfully than when inhaled.

DIAGNOSIS UNDER DIFFICULTIES.—The idolators of beauty, the Chinese, are forever at the feet of beings whom they adore. When any of their wives are indisposed, they fasten a silken thread around her wrist, one end of which is given to a physician, and it is only by the motion which the pulsation communicates to it that he is allowed to judge of the state of his patient. This precaution of jealousy is almost unique in its kind.—*Med. and Surg. Reporter.*

stone. The time occupied in making such drawings as those in Dr. Warren's Essay on Rodent Ulcer by this method would require one week for each. The time required in making each on the glass plate was one day, thus saving much time, labor and expense.

Another very great advantage is that the glass plate can be laid aside and a stone prepared for printing at any future time, thus avoiding keeping a stone unused as well as saving the difference in space between the size of the two.

From the glass plate drawing a metal plate can be made to print with the text.

Messrs. Osgood & Co. are now prepared to make plates or prepare lithographic stones directly from clear drawings made upon Bristol-board with black ink.

The cost of the metal plates is forty cents the square inch.

In reply to Dr. White, Dr. Quincy said that direct photographs of microscopic specimens could not be so well used, since everything was represented upon the same plane.

Dr. Blake mentioned that the photographs in Rüdinger's Atlas of Sections of the Eustachian tube were perfectly clear and good.

Dr. Dwight said that these were, however, for very low powers; e. g. fifteen diameters.

Through the politeness of Dr. N. Thomson, of Philadelphia, in sending to Dr. B. Joy Jeffries his apparatus for demonstrating and using Scheiner's test in the selection of glasses for myopia, hypermetropia and astigmatism, Dr. J. was enabled to exhibit and explain the experiment and its very practical clinical use.

TRAUMATIC RUPTURE OF THE INTESTINE.—(*Vierteljahrschrift f. Gericht Med.*, Bd. xvi. H. 2).—Dr. Laudahn reports a case in which an idiot, an inmate of the Göttingen Insane Asylum, received a kick from a fellow-patient in the right groin, directly above Poupart's ligament, the only visible effects of which was a slight contusion. Complaint was made, however, not long after, of pain in the abdomen, and it was found upon examination that the injured part was extremely sensitive to the touch. The patient soon became restless and anxious, and, twelve hours after the reception of the blow, died, with the usual symptoms of collapse. There was no vomiting after the injury; no movement of the bowels, nor were there any indications of meteorismus. The autopsy revealed the presence of ingesta in the abdominal cavity, an abundant exudation covering the folds of the peritoneum, and miliary tubercles in the spleen and liver. Finally, a perforation was discovered in a loop of the small intestine (ileum), found lying in front of the spinal column, immediately above the sacrum. The perforated spot had the appearance of a line, five mm. in length, running parallel to the long axis of the intestine. No other injury to the intestine could be discovered. This case is remarkable from the fact that a blow so light as to produce but a slight injury to the superficial integument, should cause a rupture in a portion of the intestine removed by a considerable distance from the direct seat of the blow, the intestine not being distended at the time with food. Cases of traumatic rupture of this kind are, as a rule, the result of a violent force applied to the abdominal wall, when the intestine is filled with food, or else it is found that the injured organ has been weakened by some pathological change.

WINGED MEN.—A very ingenious pseudo-scientific article has recently appeared in the *Révue des Merveilles Scientifiques*, purporting to be from the pen of M. Harnois-Condamine, a professor of physiology, and as it apparently corroborates the theory advanced by Mr. Darwin, it has stimulated a great variety of speculations and criticisms on the part of the French journals. The article in question begins with a descriptive sketch of a family living in Auvergne, the members of which are all remarkable for certain abnormal anatomical developments, consisting of greatly enlarged muscles of the trunk and upper extremities, combined with abnormally large clavicles and scapulæ, and a pigeon breast. A careful examination, *post mortem*, was made of one of this family who died lately, and the detailed results of this autopsy are recorded with an unnatural minuteness and accuracy. The dissection of the region of the shoulders appears to have been the most startling in its results to those present. The clavicle was found to be long and nearly straight, and at least a third larger in diameter than the corresponding bones of the largest men. The scapula was bounded by layers and bundles of large muscles, and was nearly twice as long as the average scapula, being also thicker and rougher on the edges than is usual. The sternum extended to within half a decimeter of the umbilicus, and was more than proportionally widened. The pectoral and intercostal muscles were enormously developed, especially the intercostales interni. The reader is artfully left to infer that these abnormal appearances all point in one direction, indicating a new departure towards another type; that is to say, the evolution of a new species furnished with wings. The lengthening of the scapulæ and clavicles, the very great enlargement of the pectoral, dorsal and abdominal muscles, all these circumstances, he argues, concur in indicating a change from the human and toward the bird type. He proceeds to unfold the principles upon which this evolution may actually be accomplished, and expresses the opinion that this new race may possibly be developed within the present generation. With the view of ascertaining how far these abnormalities were really transmitted in the different members of this family, the writer examined a young son of the deceased, and had the satisfaction of finding the frame and muscular development of this last descendant to be the counterpart of the father. What is most striking of all, however, several new features were discovered, indicating that the son had approached nearer by several degrees to the bird type than the father. These new abnormalities are described as rudimentary *third eyelids*, and what bore a close resemblance to *rudimentary wings*, the latter consisting of a triangular flap of skin, forming a continuous connection between the upper portion of the arms and the back.

With the exception of one or two blunders indicative of an imperfect acquaintance with pathology, the article is very skilfully put together, so as to deceive completely the general public, for whom it is intended, and is strongly suggestive of a somewhat similar hoax once perpetrated by our countryman Mr. Poe.

PATHOLOGY OF PEARLS.—According to the *Lancet* those pearly concretions found attached to the inside of mussel shells, and generally attributed to Nature's method to relieve the irritation of foreign bodies, have been found by Mr. Garner to be due to the presence of minute entozoa (a species of *distoma*) in sea-shells, and an acarus (*Atax*), or itch insect, in fresh-water mussels.

Ballard, who "stated that there could be no doubt that the fever had been imported to Moseley by the use of polluted milk supplied from Balsall-heath. The pollution might have arisen through a person suffering from the fever using a water-closet on the premises of the milkman. He advised the Board to appoint a medical officer of health." Why not abolish water-closets and sinks, and cork up the patients, as was once advised in cholera cases!

The following remarks, from the *British Medical Journal* of the same date, on the Influence of Rain on Health, are recommended to the thoughtful consideration of those who are so ready to rush to such secondary causes of disease, no matter how far-fetched.

"Even that terrible exotic epidemic, cholera, makes less mark in the annual mortuary returns than many of us imagine. If we compare the annual average death-rate of England, which is 22·3 to every 1,000 persons living, for the last thirty-three years, from 1838 to 1870, with that of individual years, we shall find that the cholera years do not so far outstrip some other epidemic years as the gigantic numbers recorded during the epidemic would lead us to expect. For instance, in 1847 the death-rate was, of males 25·4, of females 23·8. During the cholera years, 1848-49, it was 24·8 in males and 23·3 in females, actually showing a mean mortality (=24) less than before the invasion of the epidemic. Again, the cholera year 1854, when the death-rate was, of males 24·4, of females 22·7 (=23·5), has been surpassed by other years—for instance, by 1864, when the death-rate equalled 23·8. Thus it will be seen how little dependence ought to be placed on the annual returns when estimating the effect on the public health of any excess or defect either in rain, wind, temperature, thunderstorms, or any other sub-aerial meteor."

X.

MESSRS. EDITORS,—Allow me to assure Dr. Cotting that I had no difficulty in understanding his article and fully appreciating the philosophy of the cure. His description was clear and definite, and I usually understand what I read. I did not intend to deprive him of the credit which is his due; but only to say what my experience with the identical operation had been. I confess, however, that, after ample experience, I fail to see the *barbarity* of removing one quarter of the width of the nail and matrix; it is accomplished by as delicate dissection as that which removes "all the diseased parts together with quite a large piece of the sound flesh, skin deep, from the side of the toe." It heals, also, as quickly. To call it "barbarous practice" is simply absurd.

Chicago, February 11, 1873.

MOSES GUNN.

MESSRS. EDITORS,—In the Boston Medical and Surgical Journal, April 11, 1872, I gave an account of Mrs. H., who had used in the four years ending Feb. 14, 1872, 24 ounces of morphia sulph., by hypodermic injections. In the year ending Feb. 14, 1873, there has been injected under the skin of this lady five and three eighths ounces of morphia sulph. I cannot see that her condition has changed from what I stated last year.

Cambridge, Mass.

ROBERT M. OTIS, MD.

NEW REMEDIES AND THEIR VALUE.—The *Pharmaceutical Journal* of January 4 summarizes the therapeutic novelties of the past year as follows: "Cundurango has rapidly declined in favor, and a recent report is very unfavorable as to its value in cancerous affections. Eucalyptus, samadera bark and kokoon bark, koegood, boldo, vandellia, diffusa, quarana and Japanese wax, Dugong oil and bullock's blood, xylol and sulphhydrate of soda, monobromide of camphor, picrate of ammonia, and aconitine and digitaline in a crystalline form, may all be classed under this category. Phosphorus has received an unusual share of attention of late. Combinations of oleic acid with metals have also been recommended. Interesting and favorable reports have been published of the cultivation of cinchona in India, Jamaica and Java, and of ipecacuanha in India; while another Indian grown drug, opium, has now to compete with that grown in China, Persia, Australia and the United States."